NEPAL RESIDENCY HOSPITAL.

TWO CASES OF PENETRATING WOUND OF THE ABDOMEN AND ONE OF PENETRATING WOUND OF BLADDER.

(Under the care of Brigade Surgeon Dr. J. BROWNE.)

CASE 1. *Perforating Wound of Abdomen; Protrusion of Intestines; Reduction; Recovery.*—Rajman, aged thirty, a healthy-looking man, was admitted into the Nepal Residency Hospital on the morning of April 3rd, 1883. He stated that on the forenoon of the previous day he was engaged in wood cutting, and when climbing up a tree with his unsheathed "kukhri" in his waistband, one of the branches on which he was supported gave way, and he fell to the ground from a distance of about twelve feet. He was somewhat stunned by the fall; and when he came to himself he found that the "kukhri" had run into his belly for a distance of some three inches from its point and was still fixed in the wound. He withdrew the "kukhri" himself, and this act was followed by considerable hæmorrhage. At this time there was no protrusion of the viscera from the wound. He lay where he was for four hours, when, with the assistance of a boy, he with difficulty walked to his home, a distance of about one mile. The next morning he was brought to hospital; and the shaking he underwent while being carried a distance of two miles, in a "dandi," caused protrusion of a portion of the small intestine from the wound.

On admission into hospital he was at once attended to, and the following was his condition:—He was suffering from extreme shock, the result most probably of exposure and loss of blood. He complained of great thirst, and pain over the entire abdomen. His cotton cloth waistband was tightly wound round him over the wound, and was found to be firmly adherent to the protruded intestine, requiring great care in its removal. There was a transverse wound in the left side of the abdomen, about two inches and a half in length, situated midway between the umbilicus and the anterior superior spine of the ilium and some eight inches of highly congested small intestine protruded from it. The intestine, from the surface of which blood was weeping in several places, was carefully freed from all foreign matters by gently pouring a stream of tepid water over it. When this was done, on proceeding to return the intestine a gush of bloody serum came from the wound; and the patient was now turned over on his left side, so as to favour the escape of any more fluid that might be lying in the peritoneum. By this manœuvre three or four ounces of a similar fluid came away. The intestine was reduced without any difficulty, great care being taken that no portion of it was left in the wound, and that all unnecessary fingering of the parts was avoided. The edges of the wound were brought together by three points of interrupted suture, which were inserted through the skin only, while the intervals between them were supported by adhesive plaster. The apposition of the deeper portion of the wound was effected as far as possible by raising the shoulders of the patient so as to relax the abdominal muscles. A piece of lint moistened with carbolic oil was applied over the wound, which was further supported by a compress and bandage lightly applied. For ten days the patient was in extreme danger, as he suffered from peritonitis. On one occasion only was the catheter required. The treatment employed was opium in full doses combined with calomel until the gums were affected. Hot fomentations were constantly applied. Milk, in small quantities at a time, was the only nourishment allowed for many days. On the third day he passed a healthy motion; but, unfortunately, afterwards suffered from diarrhœa, which, along with the peritonitis, at one time appeared likely to prove fatal. The sutures were removed on the sixth day.

This man was discharged from hospital on April 20th (seventeen days after admission), as it was absolutely necessary for him to return home. He was then convalescent, though much reduced in flesh and very weak, but his appetite was good, and he was taking soup, milk, and rice as his daily food. Rajman came to show himself at hospital on the 28th of April, and though still thin and somewhat weak, expressed himself as being in very good health in every way. The wound was quite healed up, but there was some hardness and thickening underneath it.

CASE 2. *Penetrating Wound of Abdomen, Protrusion of Omentum; Permanent Entanglement; Recovery.*—Urjun, a healthy-looking boy, when taking a short cut to his home on the night of the 16th April, 1883, fell from the top of a fence on a bamboo palisade, which was put up to prevent cattle from trespassing. The sharpened end of one of the pieces ran into his abdomen, and when he got up he found that he was bleeding freely, and that something was protruding from the wound. He was brought to the Residency Hospital the next morning, when, on examination, the following injury was discovered:—There was a jagged wound, an inch and a half in length, through the right rectus muscle, a little to the right of and below the umbilicus, and from it a portion of omentum, three inches by one inch, protruded. His pulse was good, and he complained only of pain in and around the immediate vicinity of the wound. On introducing the forefinger it was found that the rectus muscle was freely torn, and that a portion of omentum protruded through an opening in the conjoined aponeuroses of the internal oblique and transversalis muscle, which was only of sufficient size to admit the tip of the finger by the side of the protrusion. An attempt was made to reduce a portion of omentum, but it was found that it would be impossible to do so without enlarging the opening in the posterior sheath of the rectus, and such a proceeding was, under the circumstances, considered to be neither necessary nor advisable. The protruded omentum was carefully cleansed, and a piece of lint moistened with carbolic oil was applied over it. Opium was given and fomentations were employed so long as there was any abdominal tenderness. The bowels were moved daily. There was no retention of urine. On the day of admission and the following one he had a temperature of 103°. After the third day the protruded omentum appeared to be covered with lymph, and it likewise was diminished in size. For some days he was allowed only milk as nourishment, and in small quantities at a time. This boy recovered steadily and without an unfavourable symptom. He was discharged from hospital on the 20th May, with the wound quite healed up. The protruded portion of omentum was treated as follows:—On the third day a poultice was applied over it for a few hours, and by this means the lymphy exudation was quite removed. Then finely powdered burnt alum was dusted over the surface of the protrusion, which was covered with a piece of dry lint. The burnt alum was applied daily, and on the twenty-fourth day from his admission the protruded part had quite disappeared. From this time the edges of the wound were brought together by adhesive plasters, and they rapidly united.

Remarks.—The treatment of these two cases, judging from the results obtained, appears to have been the best that could have been adopted. It will be observed that in the first case the sutures were introduced through the skin only, as I considered they would cause less irritation afterwards than if they were put in through the entire thickness of the abdominal wall and peritoneum. In one case (protrusion of small intestine) there was severe and general peritonitis, while in the other (protrusion of omentum) the peritonitis was but slight and local. In both cases opium was given with a view to control the peristaltic movements of the intestines, while in the first mercury was administered until the gums were affected. In both cases milk, in small quantities at a time, was the only nourishment allowed for days. Both cases fortunately recovered, and this result was perhaps principally due to the healthy constitutions of the patients, as well as to the close attention bestowed on them by my hospital assistant, Mahomed Hossain, and by the dresser.

CASE 3. *Perforation of Bladder through Perineum; Foreign Body removed; Recovery.*—Nund Kaseer, aged seventeen, a weakly looking lad, was admitted into the Nepal Residency Hospital on March 17th, 1883. He states that eleven months previously he fell from a tree in which he was engaged cutting branches. In his fall a withered branch stump ran into him, and when his father came to his assistance he found that a piece of a branch was firmly fixed in the upper and inner part of his right thigh. The stick was so firmly fixed in the lad that it required the united force of his father and another man to pull it out, and this they did with difficulty. From that time urine passed through the wound as well as by the urethra, and the boy felt that there was still a portion of the stick in his perineum. On admission into hospital a fistulous opening was observed a little to the inside of the tuberosity of the right ischium. The opening was small, and a long probe could be passed through it for a distance of some six inches in a direction upwards, forwards, and inwards, towards the

bladder. Through this sinus urine has been constantly escaping, but no foreign body in it could be felt with the probe. From the way the boy walked, with his legs widely apart, there could be little doubt that a portion of the broken stick was still in his perineum, and an examination by the rectum, and with a sound in the bladder, confirmed this opinion. The presence of a foreign body in the perineum as well as in the bladder being certain, it was determined on the following morning to cut into the perineum on the right side by making the ordinary incision of lateral lithotomy. The hospital assistant was instructed to introduce a piece of prepared sponge into the fistulous opening at once. The next morning on withdrawing the sponge it was possible to introduce a forefinger into the sinus, when, at a distance of about an inch and a half from the external opening, the end of a piece of wood was felt, which appeared to have run up between the rectum and the bladder, penetrating the latter somewhere in the vicinity of the prostate gland. With a dressing forceps, and without any difficulty, a portion of a branch measuring three inches in length and two inches in circumference was removed. This youth, when permitted to leave his bed, had completely regained his natural gait, and left the hospital on March 30th with the urinary fistula quite healed up, and the urine passing in full stream through the urethra.

Reviews and Notices of Books.

The Extra Pharmacopœia of Unofficinal Drugs and Chemical and Pharmaceutical Preparations. By WILLIAM MARTINDALE, F.C.S., late Examiner of the Pharmaceutical Society, and late Teacher of Pharmacy and Demonstrator of Materia Medica at University College. With References to their Use, abstracted from the Medical Journals, by W. WYNN WESTCOTT, M.B., Deputy Coroner for Central Middlesex. London: H. K. Lewis. 1883.

SIXTEEN years have elapsed since the publication of the last British Pharmacopœia, and it has long since ceased to occupy the high position it once held as a work of authority. New drugs and new preparations have come into general use, and the whole aspect of therapeutical science has undergone a gradual but sweeping change. Operative surgery has been greatly influenced by the introduction of new antiseptics and new anæsthetics, dermatology by the invention of petroleum ointments, and pharmacology by the discovery of such important medicinal agents as salicin and salicylic acid, chloral and croton chloral, chrysophanic acid and eserine, gelseminum and gelsemine, homatropine and hyoscyamine, jaborandi and pilocarpine, and nitrite of amyl and nitro-glycerine. In the introduction of these and other new remedies the author of the work before us has, during the last ten or fifteen years, played a by no means unimportant part. He has extracted the active principles from many of our most valued drugs, and has reduced them to a form in which their properties can be investigated by the pharmacologist and their uses studied by the scientific therapeutist. It is therefore with much pleasure that we record the appearance of an "Extra Pharmacopœia" designed to supply in some measure the deficiencies of that work which is conventionally supposed to represent the present condition of pharmacy in this country. That any one writer could ever hope to provide for all the shortcomings, or even to correct all the inaccuracies, of the official publication is not for one moment to be supposed; but Mr. Martindale has given us a very useful instalment, and his example will, we have no doubt, be quickly followed by others who, like himself, are dissatisfied with the present antiquated condition of affairs. The drugs mentioned by him in the new Pharmacopœia are viewed not only from a pharmaceutical, but also to some extent from a medical, aspect, references to their properties and uses being freely given. The area of selection, we are told, has been limited by personal experience, official drugs being introduced only when non-official preparations are in use. The chemical nomenclature has been adopted throughout, except where official chemicals are referred to, and then the Pharmacopœial name has been provisionally retained. The author expresses his regret that the metric system has not as yet been definitely introduced into this country, and that for practical reasons he has been compelled to retain for the present the old-fashioned weights and measures. On the Continent the new system is almost universally adopted both for dispensing and preparing medicines. In Germany, for example, the quantities of the ingredients are given in decimals; the gramme, which is taken as the unit, being, as a rule, not specifically named.

The first article is on jequirity, the new remedy for granular lids; and this is followed by an excellent description of the preparations of borax and boracic acid. Under the head of carbolic acid, a good account, compiled from various sources, is given of the antiseptic treatment, and no less than twenty-three preparations of carbolic acid are mentioned, most of them of undoubted value. The "carbolised smelling salts," which will be found useful in the treatment of hay fever, coryza, and allied affections, are evidently founded on a well-known proprietary article. The account of goa powder and chrysophanic acid is thoroughly practical, and will be read with interest. Numerous references are given to the action and uses of salicin and salicylic acid, a long extract being made from Ringer's Therapeutics. Aconitia is described as an alkaloid obtained from Aconitum napellus, and "probably other species of aconite," but no authority is given for the last assertion, although it is stated that English aconitine (Morson's) is, according to Flückiger, supposed to be identical with the pseud-aconitine obtained from Aconitum ferox, the Bish poison. We feel constrained to take exception to the introduction of the "special preparation" called "oleo-anodyne," which is said to be a combination of "aconitia, atropia, morphia, and veratria, with oleic acid." We have no doubt that, as a local application, it may afford relief in some forms of neuralgia, but the mixture of a number of active principles thrown promiscuously together, is not to be encouraged, and is out of place in a work possessing any claims to scientific accuracy. The Agaracus albus, or white agaric, is recommended in doses of from ten to fifteen grains as a remedy for the night sweating of phthisis. Care must be taken not to confound it with the fly agaric, Amanita muscaria, which is used for the same purpose, but is a much more active drug. The hypodermic injection of hydrochlorate of apomorphia is mentioned as an emetic, but the statement that the aqueous solution is "not very stable," is vague and might prove misleading. The account of the origin and source of atropia is correct, and shows an intimate acquaintance with the recent literature of the subject. The uses of the various salts of homatropia are referred to, and we are very properly warned that "they are costly." Directions are given for making the sulphide of calcium pills now so frequently prescribed for boils, carbuncles, and enlarged scrofulous glands. Permanganate of potash pills are directed to be made with kaolin ointment, a mixture of equal parts of vaseline, paraffin, and prepared kaolin. The author brings a serious charge against the officinal camphor-water, which is said to be of uncertain strength, the water taking up a variable quantity of camphor, according to the temperature at which it is kept. "A definite quantity of camphor dissolved in a small but certain quantity of spirit, and this added to a measured quantity of water, would make a more uniform preparation." Under the title of "spiritus camphoræ fortior," a formula is given for the essence of camphor now so largely used in the treatment of summer diarrhœa. Tannate of cannabin is a salt likely to prove useful, although its properties have as yet been but little investigated. The tests for chloroform are given concisely and clearly, but the information concerning another anæsthetic, bichloride of methylene, is